

copy (i)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <u>Wayne A Noel</u> B. Date of Delivery <u>1-15-02</u> C. Signature <u>X Wayne Noel</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: <u>Wayne A. Noel</u> <u>4 North Queen St.</u> <u>Apr. 8</u> <u>Harrisburg, PA</u> <u>17340</u>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Copy from service label) <u>7000 0520 0023 0164 9245</u>			

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

FILED
HARRISBURG, PA

JAN 16 2002

MARY E. D'ANDREA, CLERK
Per 318

1-CV-01-1049

1001

1-14-02
driller